

ClinicalTrials.gov ID: NCT03659032

Efficacy of Pediatric Manual Therapy in the
Positional Plagiocephaly

[Consent Form](#)

Date: 09/01/2018

CONSENT FORM

Doctoral Program in Health and Sport Sciences University of
Zaragoza

To be filled out by the examiner	_____
ID Number	_____

....., (name and surname of the legal representative of the patient), acting as (indicate relationship with the patient: father, mother, etc.) of(name of the patient).

I have read the information sheet that has been given to me. I have had the opportunity to ask any questions about the treatment. Any questions that I have asked have been answered to my satisfaction. I have received enough information about the treatment.

I have talked to (name of the physical therapist in charge).

I understand that the patient that I represent agrees to the treatment strategy.

I understand that the patient that I represent may withdraw from the study: 1.- at any time

2.- without explanation 3.- without consequences in this Center for my treatment or the treatment of the patient that I represent

I consent voluntarily for (name of the patient) to receive the treatment strategy developed in the plagiocephaly study.

Signature of legal

representative of the patient

Signature of researcher

Name: Date:

Name: Date:

